

TRINITY MISSION WIDE HORIZONS RES CARE PROVIDER #: 46G012 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
910 MONROE BOULEVARD PHONE NUMBER: (801) 399-5876 TOTAL: 83  
OGDEN UT 84404 PARTICIPATION DATE: 08/27/1980 CERTIFIED: 83 TYPE OWNERSHIP: PRIVATE PROPRIETARY  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 03/17/2005	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 83
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TOTAL: 76	BEGINNING: 05/01/2005	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 04/30/2006	-- -- --
MEDICAID: 0	EXTENSION:	83
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 05/18/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
03/2002	04/2003	03/2004	03/17/2005		
X		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
	X				STD W0129-CLIENTS PROVIDED WITH PERSONAL PRIVACY
			X C	05/13/2005	STD W0137-CLIENTS RETAIN & USE PERSONAL POSSESSIONS AND CLOTHING
	X				STD W0153-ALLEGATIONS OF ABUSE REPORTED IMMEDIATELY
	X				STD W0154-ALLEGED VIOLATIONS INVESTIGATED THOROUGHLY
			X C	05/13/2005	* STD W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATED
			X C	05/13/2005	STD W0264-COMMITTEE REVIEWS, MONITORS INDIVIDUAL RIGHTS ISSUES
		X			STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
			X C	05/13/2005	STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
			X C	05/13/2005	STD W0425-TOILET, BATHING FACILITIES PROVIDE FOR INDIVIDUAL PRIVACY
			X C	05/13/2005	STD W0436-FURNISH, MAINTAIN SPECIALIZED EQUIPMENT, DEVICES

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
03/2002	04/2003	03/2004	03/16/2005		
			X F	05/13/2005	K0012-CONSTRUCTION TYPE
			X C	05/13/2005	K0018-CORRIDOR DOORS
X	X	X	X F	05/13/2005	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
		X	X F	05/13/2005	K0025-SMOKE PARTITION CONSTRUCTION
		X	X C	05/13/2005	K0029-HAZARDOUS AREAS - SEPARATION
X					K0038-EXIT ACCESS
		X			K0046-EMERGENCY LIGHTING
	X		X C	05/13/2005	K0050-FIRE DRILLS
			X C	05/13/2005	K0051-FIRE ALARM SYSTEM
X		X	X F	05/13/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	05/13/2005	K0066-SMOKING REGULATIONS
	X	X			K0069-COOKING EQUIPMENT
			X C	05/13/2005	K0074-COMBUSTIBLE CURTAINS
			X F	05/13/2005	K0104-PENETRATIONS OF SMOKE BARRIERS
X	X				K0130-OTHER
		X			K0144-GENERATORS INSPECTED/TESTED
		X			K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	17	11	7	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	0	0	0
HEALTH TOTAL	6	2	3	1
LIFE SAFETY CODE	11	9	4	5
LIFE SAFETY CODE + HEALTH	17	11	7	6

STATUS OF DEFICIENT COPS CURRENT SURVEY		
DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP 0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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04/24/2003	UNSUBSTANTIATED
09/25/2003	UNSUBSTANTIATED
03/17/2005	UNSUBSTANTIATED
09/01/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY